Merchandising Internship Contract

CADS 4930 Internship in Apparel Merchandising

Submit to Dr. Burnsed (kab0150@auburn.edu) along with *Internship Compensation Form & Hold Harmless* document in a single PDF file.

Name _____ AU student ID # _____

Cell # _____ Email Address _____

COURSES: CADS 3850: taken_____semester CADS 5850: taken_____semester

INTERNSHIP: Firm Name: _____

Dept/Office where you will be interning:_____

Date internship will begin: _____ will end: _____

* The total number of work hours will be at least 400 hours. INITIAL _____ _____
Student Firm Supervisor

Complete Address of firm:

_____

Firm Supervisor's
Name & Title: _____

Supervisor's Phone _____ Email _____

NOTE: I agree to complete all internship requirements. Any change in my work assignment (e.g., change of department, supervisor, internship start and end dates) will be communicated immediately to Dr. Burnsed in writing. I understand that I may take no other class during my internship without written approval from the Department Head, that I must meet all internship requirements, and that I will be dropped from the internship if I do not meet all requirements. I understand that Fall Semester retail store interns must plan to work until December 24.

I have carefully read the requirements for enrollment in CADS 4930 and have met all of these requirements. I understand and agree to complete all requirements for this internship:

Student: _____ Date: _____

Firm Supervisor: _____ Date: _____

AM Internship Coordinator _____ Date: _____

CADS Department Head: _____ Date: _____

I give permission for my internship materials (name, picture etc.) to be used for department informational/promotional purposes.

Student Intern Signature _____